

P01000080264
PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P01000080264

1. Corporation Name

WT PROPERTIES, INC.

2. Principal Office Address - No P.O. Box #

56 NE 162 ST

Suite, Apt. #, etc.

MIAMI, FL 33162

City & State

3. Mailing Office Address

same

Suite, Apt. #, etc.

City & State

Zip

Country

Zip

Country

REINSTATEMENT

08-13

3/501

CR2E081 (11/10)

4. Date Incorporated or Qualified
To Do Business in Florida

08/15/2001

5. FEIN Number

651130845

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

7. Name and Address of Current Registered Agent

Name

TEDDY COGDELLO JR

Street Address (P.O. Box Number is Not Acceptable)

56 NE 162 st

Suite, Apt. #, etc.

MIAMI

City

State
FL

Zip Code

33162

03/14/13--01029--021 **1500.00
400245722044
03/14/13--01029--021 **1500.00

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of

Registered Agent

Date

9. Names and Street Addresses of Each Officer and/or Director (Florida non-profit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P	TEDDY COGDELLO JR.	56 NE 162 ST	MIAMI, FL 33162

10. E-mail Address:

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

8 MAR 13